

## **EXHIBIT 5**

GEICO GENERAL INSURANCE CO  
750 WOODBURY RD  
WOODBURY, NY 11797-2519

Claimant: [REDACTED]

Insured Name: [REDACTED]

Feature Symbol & Amount

NBM \$\*\*\*3087.86

\*\*THREE-THOUSAND-EIGHTY-SEVEN\*AND\*86/100\*DOLLARS\*\*\*\*\*

Pay to the Order of:  
NORTHERN MEDICAL

Bank of America  
South Portland, ME 04106

Claim Number: [REDACTED]  
In Payment of: Personal Injury Protection  
DOS: 04/04/2018-04/10/2018

52-153  
112 ME

NO. N 197348196

VOID AFTER 180 DAYS

Date: 06/07/2018

Amount:  
\$\*\*\*\*3,087.86

Mail To:  
Northern Medical  
C/O Gary Tsirelman Pc  
129 Livingston ST 2nd & 3rd Fl  
Brooklyn Ny 11201

*Harris White*

⑈ 197348196 ⑈ [REDACTED]

PAY TO THE ORDER OF  
BRUNSWICK BANK & TRUST COMPANY  
NEW BRUNSWICK, NJ 08901-3462  
FOR DEPOSIT ONLY

SEP 28 2018

CAMBRIDGE CLARENDON FINANCIAL  
SERVICE LLC/ DBA UNITED CHECK CASHING  
LICENSED CASHIER OF CHECKS  
[REDACTED]

GEICO INDEMNITY CO  
750 WOODBURY RD  
WOODBURY, NY 11797-2519

Bank of America  
Hartford, CT 06120

51-44  
119 CT

NO. N 193110769

Claimant:

Claim Number:

Insured Name:

VOID AFTER 180 DAYS

Date: 12/11/2017

Feature Symbol & Amount

NBM \$\*\*\*2894.86

Amount:

\$\*\*\*2,894.86

\*\*TWO-THOUSAND-EIGHT-HUNDRED-NINETY-FOUR\*AND\*86/100\*DOLLARS\*\*\*\*\*

Pay to the Order of:

NORTHERN MEDICAL CARE PC

In Payment of:

Personal Injury Protection

DOS: 10/17/2017-10/17/2017

Mail To:

Northern Medical Care Pc

C/O Gary Tsirelman Pc

129 Livingston ST

Brooklyn Ny 11201-5105

Harris White

193110769

PAY TO THE ORDER OF  
BRUNSWICK BANK & TRUST COMPANY  
NEW BRUNSWICK, NJ 08801-3462  
FOR DEPOSIT ONLY

APR 12 2017

CAMBRIDGE CLARENCE FINANCIAL  
SERVICE INC. (FSA) LIMITED CHECK CASHING  
LICENSED CASHIER OF CHECKS  
112712022

GOVERNMENT EMPLOYEES INSURANCE CO  
750 WOODBURY RD  
WOODBURY, NY 11797-2519

Bank of America  
Hartford, CT 06120

51-44  
119 CT

NO. N 195678045

VOID AFTER 180 DAYS

Date: 03/29/2018

Claimant:

Claim Number:

Insured Name:

Feature Symbol & Amount

NBM \$\*\*\*1435.80

Amount:

\$\*\*\*1,435.80

\*\*ONE-THOUSAND-FOUR-HUNDRED-THIRTY-FIVE\*AND\*80/100\*DOLLARS\*\*\*\*\*

Pay to the Order of:

NORTHERN MEDICAL CARE PC

In Payment of:

Personal Injury Protection

DOS: 02/21/2018-02/21/2018

Mail To:

Northern Medical Care Pc

C/O Gary Tsirelman Pc

129 Livingston ST

Brooklyn Ny 11201-5105

Harris White

195678045

GEICO INDEMNITY CO  
750 WOODBURY RD  
WOODBURY, NY 11797-2519

Bank of America  
Hartford, CT 06120

51-44  
119 CT

NO. N 195686231

VOID AFTER 180 DAYS

Date: 03/30/2018

Claimant:

Claim Number:

Insured Name:

Feature Symbol & Amount

IPA \$\*\*\*\*\*50.00

Amount:

\$\*\*\*\*\*50.00

\*\*FIFTY\*AND\*00/100\*DOLLARS\*\*\*\*\*

Pay to the Order of:

NORTHERN MEDICAL CARE

In Payment of:

Personal Injury Protection

dos: 11/15/2017-11/15/2017

ff#: 161.581 Int: \$50.00

aa: 4118-1086-2491

Mail To:

Gary Tsirelman PC

129 Livingston ST

Brooklyn Ny 11201-5105

GTMDJD  
WITHOUT PREJUDICE

Harris White

195686231

PAY TO THE ORDER OF  
BRUNSWICK BANK & TRUST COMPANY  
NEW BRUNSWICK, NJ 08901-3462  
FOR DEPOSIT ONLY

AUG 30 2018

CAMBRIDGE CLARENDON FINANCIAL  
SERVICE LLC/ DBA UNITED CHECK CASHING  
LICENSED CASHIER OF CHECKS